



**HE'S BACK**

# WAR DEPARTMENT PAMPHLET 21-36

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WAR DEPARTMENT

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## FOREWORD

This booklet is intended primarily for the information of families whose soldiers are returning from the Army with battle wounds or other disabilities.

Since each family in America is a personality group unto itself, no attempt has been made to tell *all* people *all* things about the disabled soldier. Some families are naturally more demonstrative than others. The reception they might tender a returning disabled soldier might differ greatly from the approach used by members of another type of family.

The sole intent of this booklet is to present to the families of all disabled veterans some general truths which have been learned through medical experience. They are facts which apply to the *average*.

The family should not read this booklet and then, on the basis of its contents, launch into a program of amateur psychology.

Don't assume in the beginning that your soldier will be a problem when he returns home. Rather, assume that he won't, and in most cases you will be right. Treat him naturally. If problems do arise, you may find information in this booklet which will help you to understand them and to solve them.

All soldiers—disabled or otherwise—will face the problem of readjustment to one degree or another. Most of them will want only to be left alone, so that they can work out this readjustment by themselves.



When your soldier was in basic training he wrote you of the many strange and new things he found in Army life—drill, the chow line, discipline, military courtesy, obedience, and reveille. Perhaps you do not remember how difficult it was for him to reach the point where these things seemed most normal to him, but such became the case. When he began to accept them and to react to them naturally, it was then that he was beginning to be a soldier.

Now the returnee must throw this process into reverse. He can do it and you can assist him by giving him help, but only if he needs and wants it.

Take it easy; use your head. If he needs your help in order to readjust himself, give it to him *after your considered judgment tells you that what you are doing is correct.*

Above all, remember this: America has never owed a group of her people as great a debt as she now owes the armed forces of this war. In many cases it is a debt which can never be repaid, but there is one thing we can and must do. We must always show them respect. The boy of a few short years ago has now come home a man. The things he has seen and lived through are very real to him. *Respect his attitude toward them.* If he wants to talk let him talk. If he wants to keep quiet don't press him.

*And don't make a problem of him.* Give him what help he needs and no more. That is the most important rule of all, because that is what he wants and he is the one to be considered.

## REHABILITATION OF THE DISABLED IN ARMY HOSPITALS

The goal of rehabilitation is restoration of the physical, social, and economic independence of the individual. There is more to it than good medical treatment. Mod-



ern medical skill, through the use of blood plasma, penicillin, and perfected techniques of evacuating wounded from the battlefield, may save the life of a wounded soldier. But it is not enough to transport the wounded to hospitals quickly and to provide medical and surgical treatment promptly in an attempt to save life and restore health. There is a larger obligation—that of helping the disabled soldier to reconcile himself to his wounds, to ease mental suffering, and to restore him to a full and useful life. Rehabilitation, then, is nothing more than the adjustment, both mental and physical, which the disabled soldier must make in order to pick up his life and put it back on a routine civilian basis. The beginnings of rehabilitation may be undertaken in Army hospitals, along with medical and surgical treatment. It must sometimes be continued after the soldier is discharged. Government agencies have been set up by the 78th Congress of The United States in Public Laws Nos. 16 and 113, to help in this, *but help must come also from the family and friends of the handicapped man.*

## WOUNDS OF THE SPIRIT

In spite of prompt and skillful medical attention, battle wounds sometimes cripple or cause prolonged invalidism. Often the deepest wounds, and those hardest to heal, are wounds of the spirit. In the hospital, nurses, doctors, and attendants make every effort to lessen the mental anguish of the handicapped. They give these patients information and advice which will help them become self-sufficient and economically independent.

It will be your duty to carry on with this work when your soldier leaves the hospital and comes home to you. It is a job which will require judgment and common sense on your part, but your efforts and your patience

can pay off ten thousand times over in terms of his future welfare and happiness. Most difficult to dispel is the emotional despair of the blinded, the feeling of aloneness of the deafened, or the bitter resentment against a cruel fate that has allowed one youth to be armless, legless, or otherwise disfigured when so many of his companions suffered comparatively minor discomforts that could be quickly forgotten. Not all disabled men feel this way, but some do, depending upon several things, such as the basic nature and personality of the man himself, the degree of his disability, or his general attitude.

### **FALSE BELIEFS ABOUT HANDICAPS ARE COMMON**

Because of the almost universal tendency to associate disabilities with handicapped human derelicts, the approach to rehabilitation should seek to correct false beliefs people hold about illness and incapacity. Many persons think of blindness as the most terrible of all afflictions. To the average man, blindness and other equally serious handicaps mean incompetence and dependency, for he visualizes the man on the street corner with the tin cup and shoelaces, or the legless pencil seller on his little cart. Yet there are ever so many blind who get about with amazing agility, are married, hold jobs, and live satisfying lives. Their achievements are the result of a rehabilitation program and of patient practice in acquiring new skills.

Did you ever stop to think how much you can do without sight? The keyhole and the light switch are easily found in the dark, the voices of friends recognized over the telephone, and the dinner menu distinguished by the odors of cooking. The blind learn to devote increased attention to their other senses. So it is with other handicapped people. Often they do more with



their remaining senses than ordinary people do with a full set. Think of Roosevelt, Edison, Steinmetz, Helen Keller, Alec Templeton, Seversky, and a host of others who have risen to the heights of fame in spite of handicaps.

Initially the disabled soldier shares the common belief that disablement means a complete wrecking of all hope for success. Therefore, rehabilitation must combat misinformation and create assurance that life can still be satisfying and successful.

### ATTITUDES CAN BE HARMFUL

The attitudes of the people around him may have a deep influence on a disabled man, so far as his progress toward adjustment is concerned. The thing the disabled soldier wants most is independence and the ability to get along on his own. If the people around him consider his future one of helplessness or dependency upon them, he will sense it, and this can only increase his own fears and insecurities. Don't do him the irreparable harm of taking such an attitude.

You must really *know* that the blind and the legless may overcome their afflictions and find happiness and independence. You must realize that this is a fact, not a theory, and you must assure him of your faith and belief in that fact.

A handicapped person is keenly alert and hypersensitive to the reactions of others. He will be able to tell what you believe about him. *Most of all, he does not want pity.* Respect him in this. Pity saps self-reliance. It destroys confidence by accenting the very injury the man seeks to overcome.

Don't be excessively sympathetic. Don't go out of your way to let your disabled soldier know that he will be protected. If you do, you may plunge him into the



depths of despair, for he may consider that proof that he will always be dependent upon others.

## **TRY TO UNDERSTAND THE SOLDIER'S PROBLEM**

*Anxiety is associated with serious injury or illness.* A wound which cripples or changes a man's appearance, or any serious and prolonged illness will often create in a patient the fear that life will somehow be drastically altered afterward. In the beginning these emotional upsets and periods of black despondency are to be expected, although some men accept their misfortunes with remarkable calm and fortitude. Others gain strength from seeing their comrades in varying stages of convalescence, such as observing the skillful use of an artificial limb.

As long as a soldier is a member of a group of men who, like himself, are handicapped, it is easier for him to keep down his fear of going home disabled and facing friends.

A disability which makes a person less efficient creates in him an unconscious dependence upon others, quite like that of the very young child upon his parents. In the hospital a patient usually gains in self-reliance. These gains may easily be swept away by fear of pity and resentment toward a "make-it-easy-for-the-boy" attitude on the part of the people at home. "Tailspins" are frequent. It takes patient guidance to reestablish self-confidence.

## **RESENTMENT AGAINST CIVILIANS**

During the last few years the soldier has been living in a world so different from that of the civilian that the people back home cannot possibly conceive of it. He has experienced hardships, exposure, monotony. He has seen death and destruction on all sides of him. It

is not surprising, when you really think it over seriously and fairly, that he may resent those who stayed at home and continued living on a comparatively comfortable basis, seemingly unmindful of the war. Long working hours, rationing, and no gasoline leave him unimpressed in comparison with his memory of the horrors of even 1 hour of combat. He is in a frame of mind to resent any one of a dozen aspects of the homefront. He may believe that everyone at home was making big money, while he was the "fall guy" selected to carry the torch. He may particularly resent young men of his own age group who had occupational or physical deferments. Down deep in his heart he knows, of course, that *someone* had to stay at home to produce war supplies. He also knows actually that a man can't help a physical disability which kept him out of the service. But still he may have a tendency to boil over with unreasoning rage at the thought that some should escape the horror he had to endure.

Open expressions of resentment may arise for a time from the emotional unrest within. Resentment may be expressed in a readiness to get into hot arguments, or in fits of anger. For example, if someone were so thoughtless as to ask a recently discharged soldier why he's not in uniform, he might create a violent disturbance.

This does not mean that all returning soldiers will have this attitude. There will be such cases and the people at home can do much to prevent them. The rules are simple.

Respect all returning soldiers, and particularly consider the fact that they have been through the toughest siege in history. Don't get into arguments—that's a good way to stay healthy any time, but it's particularly true in this case.



## IDEALIZATION OF THINGS AT HOME IS INEVITABLE

When the soldier is far away from his wife or sweetheart and has to rely on letters and pictures, there is created a dream image of the loved one, exaggerating virtues and minimizing faults. Home is longed for as the most wonderful place in the world; mother's cooking is the best; the home town, old friends and past associations, all are unconsciously glorified. All too frequently, a man comes home to find the town run down, home a little on the shabby side, mother's corn pone and fatback good, but not so much better than the balanced diet in the convalescent hospital. Maybe some 4-F married his best girl. Maybe his wife doesn't seem serious enough to him, if he now measures life by much different standards than those he held before he saw war.

Again, this is not always the case, but because all real people have faults, there will always be things to irritate and quarrel about with the folks at home.

## CONTROL YOUR EMOTIONS

When meeting the disabled, the disfigured, or the seriously ill, be sure to keep any signs of sorrow, or shock, or pity from showing in your face and manner. Avoid excesses of sympathy. It may be harmful to treat him either like a hero or like a martyr. Recognize the debt we owe to him for his sacrifice, but don't patronize or pity or fuss over him. Remember always, *he doesn't want it*.

Many soldiers with serious handicaps have been so afraid of the emotional storms their condition might cause in the family that they have concealed the facts from them. One soldier remarked that he could better endure the enemy's bullets again, than the tears of his mother.



A soldier with his jaw shot away tried to keep knowledge of it from his wife. He was afraid she would be so overwhelmed that he felt he couldn't stand meeting her. The commanding officer of the hospital fully explained the situation to the wife, so that she had time to prepare herself properly. One day she walked into the patient's room unannounced. He could hardly believe it, but she treated him as though nothing had changed between them. That was the greatest thing that had ever happened to this soldier.

Actually, nothing had changed between them. She had the courage to accept the bad breaks along with the good. It is the right of those who love deeply to share the misfortunes as well as life's more tranquil moments.

Everyone should remember how critical these brief moments of meeting are. From them the wounded soldier can absorb the reassurance and confidence which will launch him on the road to the independence and to the happiness he has earned the hard way. On the other hand, they can also send him hopelessly off down a blind alley. Tact, common sense, and courage are the answers.

There is another story of a man in an Army hospital whose nose had been shot off. As a temporary expedient, until a new nose could be fashioned through plastic surgery, he wore a plastic nose. In the excited embrace of meeting his wife, the plastic nose fell off. She reacted with a remark which was worth months of rehabilitation to this soldier: "I married a man, not a face."

What a man looks like is not important. Some of the greatest people in the history of the world have been disfigured. What counts is on the inside, and what counts most in this case is the fact that the disabled soldier got that way protecting the lives and happiness of the people he will be coming back to. The debt to him must never be forgotten.

## **TREAT THE DISABLED SOLDIER LIKE A NORMAL, MATURE MAN**

The loss of an arm, or a leg, or an ear may change the appearance of a man, but there is no reason why it should alter his character or his personality. The handicap or disability should be ignored and the individual treated as normal *because he is normal*. It is not necessary for you to master any special techniques in this approach. Just use your head, be natural, and that's all there is to it.

Avoid prying into the morbid details of combat experiences. If a soldier wants to talk about it, he will.

Don't inquire about the symptoms and origins of a man's present trouble unless it seems that he wants to get something off his chest. As a listener you have an obligation, too. Don't do harm by giving advice or opinions about the adequacy of treatment or the completeness of recovery that may be anticipated. *Do* reassure him that handicaps can be overcome.

Remember, too, that war speeds the process of growing up. The 18 year old who has been away from home a couple of years and wears the Purple Heart is no longer a carefree boy. He's a man now. Exposure to danger and the assumption of a soldier's daily responsibilities have made him older than his years. He probably knows more about the sordid realities of life than many of the older folks back home. Treat him with awareness of that fact.

## **HELP RESTORE FAITH IN HIMSELF**

A soldier in a hospital may despair, even though he is surrounded with every comfort and sympathy and treated with kindness and interest by the nurses. He may feel absolutely helpless and he may have a consuming fear that he will become a burden to his family.



A newly blinded man fears making himself ridiculously conspicuous by stumbling around or falling and hurting himself if he ventures out of his room.

In such circumstances a man is usually willing to have someone wait on him. Unless he does brave the dangers of a new, dark world, he will never learn to walk about easily or to orient himself through his remaining senses. That takes practice, discouragement, and many hard knocks. It is necessary if rehabilitation is to be successful in restoring to the individual his faith in his ability to do things for himself.

To a large extent, happiness is related to goals and is born of achievement. It is built through one's own efforts. Perhaps you can help the soldier concentrate on the determination to get well and overcome his loss. New goals and new interests can be found. Opportunities consistent with the disability still exist and offer a realm for real self-satisfaction. A problem-solving point of view and the slogan, "I'll get there yet!," help restore faith.

## **FACE THE REALITY OF DISABILITY**

This booklet has mentioned that at times disabled soldiers have been afraid to go home and face their friends. Within every handicapped man there must be created a conscious acceptance of the fact that he has acquired certain physical limitations. Don't try to minimize the effects of the disability. They are very real, and it has been found in hospitals that the average handicapped man suffers less emotional shock if he is told frankly at the outset what he is up against. *Soldiers don't like to be kidded. They like the truth.*

A man who has undergone plastic surgery is helped by understanding that his appearance is changed and he learns to accept that fact. We are familiar with the



person of altered appearance who fearfully asks: "How do I look?" When a well-meaning friend says: "Why—just fine!" it quiets his anxieties only momentarily, for he is aware of the untruth, even though he may not have brought himself to face it.

Personal anxieties and even great problems lose their capacity to frighten and cause tension, if they are brought out into the light of day, squarely faced, and talked about. Life becomes much easier for all when the hard-of-hearing wear their hearing aids openly. The handicap of deafness is seldom concealed by bluffing.

The hook on an artificial arm may not be a thing of beauty, but when it is used skillfully, it makes possible normal competitive work. It is much better to wear it openly and to demonstrate proudly one's ability to use it than to conceal the disability by keeping an arm behind one's back. That fools no one.

## **HELP THE DISABLED TO HELP THEMSELVES**

The truly worth while things in life often must be paid for in hard work. In the hospital, the physical therapist cannot restore a functioning hand merely through heat and massage—nor can an occupational therapist prevent stiffening unaided. It is the soldier himself who must work diligently by exercise to restore normal functioning.

A man may be fitted with an artificial leg and be shown how to use it, but he must work at the job of developing power, balance, and skill. In other words, every handicapped individual has a share in the responsibility of his own welfare. Even though he may falter, and find the path to recovery a tough one, he must learn for himself. That is the only way he can ever become independent and self-reliant. Avoid doing

too many ordinary things for the handicapped—that is, things which call for practice and exercise on his part. To a degree, adversity can become an asset with reassurance, guidance, and a chance to work things out for oneself.

## **WHERE TO GET HELP IF IT IS NEEDED**

There is a pamphlet entitled, “Information for Soldiers Going Back to Civilian Life.” It is given to discharged servicemen. In it there is much useful information.

Your soldier can get help and assistance on personal problems from the Personal Affairs Officer at the military establishment nearest his home. He can also get help and assistance from the Veterans Information and Service Center in your community. If there is none in your town, the Red Cross or one of the veterans’ organizations, such as the American Legion, Veterans of Foreign Wars, or Disabled American Veterans will be glad to help.

**TO GET THE OLD JOB BACK:** The Reemployment Committee of the local Selective Service Board in your community will offer to help the discharged soldier get his old job back.

**TO GET A NEW JOB:** If a new job is needed, or if the serviceman was not previously employed, the United States Employment Service is the place to seek help. If a veteran’s disability prevents work at his old job, he can usually be taught a new occupation under a program administered by the Veterans Administration or the State Department of Education, in which his disability will not be a hindrance. If the veteran is receiving or has applied for a pension, and is in possession of a letter from the office of the Veterans Administration that is handling his claim, inquiries concern-

ing training may be directed to that office. If he has not yet filed a claim for a pension or has no letter from any particular office of the Veterans Administration, he may contact the regional office of the Veterans Administration nearest his home. In any case where a veteran has no pensionable disability and cannot receive vocational training under the Veterans Administration program, but is in need of training, he may apply to the Department of Education in the State in which he lives for such training.

**TO RETURN TO SCHOOL, OR TO SECURE A LOAN:** If the veteran wants to return to school or to secure a loan for the purchase of a home or farm, or to go into business, under the GI Bill of Rights, he should contact the regional office of the Veterans Administration nearest his home. Information as to educational benefits may also be obtained from the school the veteran plans to attend.

**FOR INFORMATION ABOUT CLAIMS AND FURTHER MEDICAL CARE:** After discharge from the Army, disabled veterans should write the Veterans Administration, *not* the War Department, for information about claims and further medical care. If additional hospital care should become necessary for the disability, the veteran should contact the nearest veteran's facility (hospital).

**FOR LEGAL ADVICE:** Legal protection or advice, lawsuits for collections of debts, information about taxes, or other legal help may be obtained upon consultation with the Personal Affairs Officer at the military installation nearest the veteran's home, with the local Selective Service Board, the Red Cross, the Legal Aid Society, or Bar Association.

**FOR EMERGENCY RELIEF:** Between the time of discharge and the time of the settlement of a claim



by the Veterans Administration, an application for emergency financial help may be made through the local chapter of the Red Cross.

## **AIDS TO THE MANAGEMENT OF SPECIAL DISABILITIES**

The following brief pointers indicate how specific information may make the adjustment of the handicapped easier. In addition, there are many useful prepared guides to particular handicaps.

**FOR THE BLIND:** The unhappy relatives of a newly blinded man naturally find it difficult at first to disguise their feelings and to submerge their sympathy. But it is necessary that they do this as soon as possible. Otherwise, the rehabilitation of the blinded veteran may be hindered and his dependency fostered. The sooner certain things are accomplished, the sooner the blind find happiness. The responsibility of the family should never be forgotten in this connection.

The man is learning to be blind and to get along normally that way. This is a hard job and, of its nature, a full-time one. It means training in the use of ears, hands, and other senses to replace the eyes. The newly blinded soldier continues to visualize his surroundings, even though he doesn't see. A good radio broadcast pictures for the listener happenings and events, sometimes a little too vividly. People living with the blind should learn to describe scenes, occurrences, and places with a running commentary. They should explain carefully the arrangement of rooms, especially if there is any change made in the familiar location of the furniture. The blind should be helped to "see" people and events through the descriptions of others. They should be encouraged to meet people and to fulfill their social obligations. In being around the blinded, people should always identify themselves and the others who

may be present. The blind should be talked to directly, and not through others.

If a blinded person should develop any unusual habits or mannerisms, his attention should be called to it in a kindly and frank way. He should be encouraged to maintain good posture, a normal walking gait, neat personal appearance, good table etiquette, and an animated facial expression. Nagging should be avoided under all circumstances.

A half-open door, a misplaced piece of furniture, a kiddie-car, roller skates, or a child's toy on the floor without warning can be dangerous. Such things are unfair obstacles and must be kept in mind always. Difficulties that can be anticipated with little thought on the part of the sighted should be anticipated, for they mean much to the blind. You should offer your arm when walking with a blinded veteran. He will touch it lightly and be guided through the motions of your body, up and down stairs, as well as on the level. It makes him move awkwardly if you grab his arm and guide him by pushing him around.

An interesting article on this subject is, "An Open Letter to My Newly Blinded Friend," by J. F. Clunk, and may be obtained from the National Society for the Blind, Woodward Building, Washington, D. C.

**FOR THE DEAFENED:** The deafened soldier is taught lip reading prior to discharge from the Army. He will usually wear a hearing aid. See that he wears it and keeps it in good working order. Lip reading supplements what he doesn't hear with an aid. When you speak to him, face him and be sure there is enough good light so that he can see your lips. Don't cover your mouth or speak with a cigarette in your lips. Attract his attention by moving your hand. Speak slowly and distinctly, without "mouthing" your words. It is



sufficiently difficult to read lips without having to interpret exaggerated distortions. If he doesn't understand, don't shout. Rephrase the sentence—it's easier to catch the meaning that way. Be sure he understands; discourage bluffing. Proper names are always difficult. Never talk behind his back. Never, at any time, direct conversation to another which he is not supposed to hear. Always act in this regard as you would if he had normal hearing.

Correct any change in voice quality in order that his speech may remain pleasant. Encourage him to keep up with his lip reading and to secure advanced training if he needs it. The Society for the Hard of Hearing will direct him to a teacher.

A helpful book is "How to Help Your Hearing," by Louise M. Neuschutz, published by Harpers.

**FOR THE MAN WITH AN AMPUTATION:** An amputee is a normal individual who has lost a limb. His body has been made fit through participation in the Army's amputation and reconditioning program. He has been trained to use his prosthesis. (Prosthesis is the technical name used for an artificial limb.) He should be encouraged to wear the artificial arm or leg at all times, and to improve his skill in its use constantly.

Before leaving the hospital, the man with an amputated leg has been taught to climb stairs, drive a car, and to work; the arm amputee has been taught comparable skills with his hook. Don't embarrass the amputee by giving him help unless he asks for it. He is accustomed to caring for himself.

Every amputee has been given instruction in the care of his amputation stump, and he knows that his ability to use his prosthesis to the best advantage depends a lot on the proper treatment of this stump. He knows the importance of keeping it clean with frequent

soap and water. He knows the size of the stump sock which he should use. These should be changed at least once daily. In warm weather several changes may be needed daily. His prosthesis was well fitted before he left the hospital, but like any mechanical device, it needs care and consideration. Worn parts must be replaced and adjustments made to fit changes in the stump, or faulty alignment that may follow a fall or other abuse. The nearest Veterans Administration facility should be consulted for maintenance of the prosthesis.

**FOR THE NEUROPSYCHIATRIC PATIENT:** In the great majority of cases in which a soldier has been separated from the service for nervous or mental reasons, it has been for psychoneurosis. Sometimes it is called "battle fatigue," "combat fatigue," or "operational fatigue." This is *not* a form of insanity, nor is it likely to become insanity. *That is a very important thing to remember.* With proper management, psychoneurosis does not prevent living a normal life, and it is not likely to recur in a cured patient. It is not hereditary.

Psychoneurosis is a medical term used to describe certain nervous disorders. Nervousness can show up in the form of tenseness, irritability, worry and anxiety, or by sleeplessness, loss of self-confidence, or by fears or overconcern about one's health.

Anyone can develop a psychoneurosis, because a man can stand only so much strain. In civilian life many people suffer from this condition, yet they get along successfully at home and in business. Stress and pressure may bother one man more than another. For instance, some men are disturbed by leaving home. Others are glad to get away. Some are bothered by having to obey orders and live on a schedule. Others don't



mind it. People vary in their ability to adjust themselves to difficulties in unusual conditions. In civilian life you may avoid such a disorder by taking a vacation, getting a new job, or somehow getting away from the cause of the trouble. In the Army you can't do that. If the stress becomes too great, such as in battle or in other extremely trying duties, even some of the strongest personalities, men who are good soldiers, may develop a nervous upset. A man can stand just so much danger, fear, exhaustion, and misery, and then if he can't be relieved from it, he may crack up.

In the hospital, medical officers who are specialists in nervous and mental illnesses direct the treatment. Even though the soldier shows much improvement, he may not be able to stand up again under the strain of combat. It may be felt that even the demands of another Army assignment in this country would impose too much strain on him. That does not mean that he could not hold another civilian job. Most such men can. Those it cannot use in an Army job consistent with their capacities, the Army discharges.

Most discharged men will require no further treatments. Time, a job, and new interests will relieve most symptoms. A few who develop more serious difficulties may profit from the treatment by a doctor accustomed to treating the nervously ill. A few may require care and treatment in a veterans' facility for a time.

## A FEW DO'S AND DON'T'S MAY PROVE USEFUL.

### The Do's:

*Do* remember that a man's condition is his own problem—something which he must, to a large extent, work out for himself.

*Do* encourage him to get back to work or to school.

*Do* commend him for his successes, and minimize his slips.

*Do* encourage him to find new interests and to get out socially.

*Do* help him keep a balanced daily program with physical exercise, hobbies, mental stimulation through study courses, social activities, parties, dances. Encourage him to give some time to community service work to help others. This will give him a feeling of responsibility which will do a lot to help him regain his self-confidence.

#### The Don'ts:

*Don't* make him feel guilty or ashamed of being nervous.

*Don't* give him too much attention. It gets tiresome.

*Don't* encourage him to dwell on his symptoms.

*Don't* be surprised if he is irritable and restless. This will pass away after a while.

*Don't* pry into his affairs if he doesn't want to talk.

*Don't* treat him as an invalid.

*Don't* encourage him to take medicines without a doctor's advice.

*Don't* be discouraged at a minor setback. It takes time to find oneself again.

If you care to read further, you may profit from "Psychology for the Returning Serviceman," an Infantry Journal Penguin Book, published by The Infantry Journal, 1115 Seventeenth Street N. W., Washington, D. C.

## HELP THE DISABLED TO GET BACK TO WORK QUICKLY

One of the very best incentives to rapid recovery and complete rehabilitation is the certainty of a job which the disabled soldier is confident he can handle. For this



reason, he should get to work promptly or go back to school. Work is associated in our minds with health. That is why occupational therapy is started during the stay in the hospital. Idleness and boredom during the hospital's weary day breed restlessness and discontent. It is even more important for a man to get back to work when he is out of the hospital and back at home. Vocational advice is available if it is needed, and so is retraining to overcome a handicap in getting a job. *There should be no forcing of the handicapped into job categories.* There are many different fields open. The aptitudes and interests of an individual can be determined and matched with a job that is suitable and satisfying to him.

If each day offers the opportunity to learn something new, if it brings the expectation of problems to be worked out, and if the people around the patient are interested in him as a person, there is created in him a sense of personal worth and security that is very valuable to him in terms of rehabilitation. To get a job that is satisfying is a most worthwhile goal and if your soldier has such a goal to shoot at, it will do much for him.

## **ENCOURAGE SOCIAL CONTACTS**

It is normal for us to live our lives in contact with others. Unless we cultivate friendships, life becomes dreary. In the hospital social occasions are arranged and encouraged, to preserve contacts between the handicapped and the nonhandicapped. Such occasions help a man to build habits of independence. The family of the discharged serviceman should help, and not hinder his progress in this direction. Recognize the need to be independent and self-reliant and help to build in him

a spirit of optimism. Encourage him to resume his social contacts when he returns home. This is one of the best ways of helping him to keep his attitude in proper shape. It will make him less aware of his wounds, more optimistic about his future, and a happier man.



